CSCT Task Force Committee
December 20, 2004

Members Present: Doug Sullivan, Jim Parker, Drew Eucher, Tim Miller, Candy Lubansky, Bob Runkel, Susan Bailey-Anderson, Duane Preshinger, Michelle Gillespie and Sara Loewen. Mike Kelly and Dave Bennetts were present as public observers.

Bob Runkel began the meeting with an overview about what the group had discussed at previous meeting. He indicated that it is his desire to define CSCT services that reinforces the program and not focus as much on the reimbursement component. Tim Miller gave a brief overview of the Bitterroot Valley CoOp's research based practices. Their program personnel determine the behavior of a child, what is the best method to treat, teach self-management, how is the treatment carried out and is the treatment effective. One of the integral components of their program is to conduct periodic service reviews to spot check documentation.

Tim also stated that personnel who provide services must be trained well to assure treatment is adequately provided to children in need. Communication amongst the providers of service as well as school personnel is imperative.

Drew also shared some research that Great Falls uses to assess the effectiveness of interventions. The various interventions can relate to both teaching strategies and to mental health services. It was noted that social skills training works in the classroom or as a school-wide program, but is not effective when taught individually. Drew also stressed that in order for the CSCT program to be successful at all, it has to have fidelity.

There was a short discussion about the role of medication and social skills training and how they affect various interventions.

Bob related that one of the things they find in the Special Education program is the failure to implement the IEP. He noted that there needs to be some kind of internal quality assurance, or self-monitoring component built in to the CSCT program. There needs to be a way to add this function to the program with little or no additional cost or time for staff.

Bob asked if some of the billable "face to face" service hours could include some of this time needed to be part of a peer review. Can this be part of the program? Duane responded that this should be included as part of the cost of the infrastructure. These costs are a direct correlation to the program.

Tim noted that the cost and time for staff training to do ensure the fidelity of the program is one of the essential components. Their reimbursements do not cover the

entire cost of the CSCT program. The CoOp pays over and above the 30% match in kind from the schools.

Jim reported that they use the PATH Curriculum. He can provide a summary of these interventions. They are very similar to what Drew and Tim provided. He acknowledged that there are different approaches, but many are similar. Do we want to incorporate these components into the rule?

Duane responded that it would be nice to have these specific components spelled out. They would provide the guidance, or "nuts and bolts" of a functional CSCT program. Then how you deliver these components is left to the individual provider.

The group decided to form a sub-committee to review these components. The committee will modify the description of the rule and provide the detailed requirements to be included. The goal is to form a standardized set of components to be included in a functional CSCT program quality control of outcomes and what services are scientifically effective. Drew, Carol or Tim, Jim, Susan, Diane, Michelle, and Sara will serve on the committee. They will meet on January 11 from 9:00 to 4:00 in the Colonial Building, Meadowlark Room.

Candy asked whether we were designing the program around the expected outcomes, or whether we were setting up the framework for the program to ensure that each CSCT program has available the types of services that are shown to be most effective?

Originally, the CSCT program was established to allow rural schools to take advantage of the "Day treatment program", not just as a "step-down" program. The goal was to prevent an out-of-home placement. The group may want to reference the intended purpose/mission of the CSCT program.

Bob commented that radically changing the funding might open the door to mild SED. We may need to look at the purpose of the CSCT – is it intended to benefit a lot of kids, or designed for those with higher needs.

Drew replied that we have to look at what are the outcomes that we want. We do need to have flexibility built in to the program.

Tim remarked that we need to marry the mental health model/direct service and the educational model and be able to use these best practices.

Candy pointed out that the title of the rule really supports the "community" aspect of the program.

Jim commented that early intervention is proven, but not reimbursed. This led to a long discussion about the merits of lowering the SED requirements for the CSCT

program. This would allow more kids with earlier access to the services provided. This does raise the question of qualifying as a medical necessity. After many comments, it was ultimately decided that although we would all like to be able to provide CSCT services to any child in need, it is just not feasible at this time. We will leave the SED requirement for medical necessity in the rule. But, will work with the Medicaid refinance office to look at other services that can be provided.

The components of the summer program were discussed.

Drew remarked that Great Falls does not want to be actively involved in the summer program or an extended school year. Mainly because they were not sure how the match would work. The school would provide a building and office supplies. Services could then be provided on and off site. This was how their mental health center ran the program last summer. The therapists said that it worked much better than in previous years. Their provider did say that for financial reasons, they would not be able to run another summer program unless it was CSCT.

Jim replied that it is important that we recognize that these kids can benefit from alternative learning activities, not just locked into an academic program.

Duane asked if the service was meeting the defined CSCT requirements. Summer programs must meet the criteria defined in CSCT.

Candy pointed out that the rule does specify that the program description will "…meet each child's needs during school vacations…". The program has to define what they will do.

Michelle stated that there had been some question about the match requirements and whether a student had to be enrolled in a formal extended school year plan.

Doug responded that he would like to see the summer CSCT program run in conjunction with the regular summer school programs, but not school sponsored. The school would be involved if the student is involved in credit summer school program.

Tim commented that if it was run as an out patient program, the school would not need to have staff involved. This would allow the kids to be in their natural environment, community based. It would allow for flexibility for staff. We would need to ensure that the reimbursement rate is adequate to cover the indirect costs (travel, time, distance, telephone, etc.) that increase for off-site services.

Jim also agreed. He said that travel expenses are higher, not just for the more rural areas. The community idea is most easily identified during the summer. Many of the services are recreational activities. Having the flexibility to provide these services both on and off-site is important.

Candy remarked that kids practice "living" in the summer. They use the applied skills, and problem solving through the therapists. They need that support.

Duane asked how to design some criteria for the summer program.

This led to a discussion about the summer program. Summer is truly therapeutic recreational activities, not just academic. We need to make sure there is a therapeutic element to each activity. These kinds of activities actually produce more beneficial treatments than in group or one-to-one sessions. The activity has to be "planned and purposeful", not just spur of the moment. There needs to be a planned objective for each activity, even for fun/break days. The program activity doesn't differentiate whether they are on the bus or in school. The issue of whether it was appropriate to bill for 4 hours of "face-to-face" service when they are on one of these "outings" was brought up. It was noted that these "outings" are a constructed therapeutic event. Jim suggested assistance and/or guidance from the Department and CMS regarding their expectations related to documentation requirements for the child's records would be beneficial for all. He also indicated he had attended a coding seminar that was provided by a contractor for CMS related to documentation requirements for mental health services that CMS expects providers to maintain. Jim will provide the Department with the name of that person.

The department often errs on the side of caution because they don't like to take money back from the schools. The definition of what constitutes a CSCT service has to be the same. The setting isn't as crucial.

Michelle reported that it would cost approximately $40,000 for MMIS to update the system to accept the monthly total units. Each individual school within the district would need to have a separate provider number. At this time, the department doesn't have the budgeted funds for this change. Michelle will submit a CSR to request this update to the payment system so that it can at least be prioritized. .
At the next meeting, we will look at clarifying the requirements for certification of match for Special Education students with services in their IEP. We will also discuss the verbiage related to a quality assurance section in the school/MHC contract for CSCT services defining that the MHC is responsible for the fidelity of the program. The sub-committee will also share their recommendations for the essential components of the CSCT program to be included in the rule.

The next meeting will be held January 31, 2005 from 1-4 pm, Sanders Building, Room 107.